

PR(-523-1-70626369) 0800492176

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

TERESA J. HILL SECRETARY

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

May 3, 2007

MAR 2 1 2008

Mr. Henry Williams 163 Woodsbend Boys Camp Road West Liberty, Kentucky 41472

RE: KPDES No. KY0033880

DJJ Woodsbend Youth Development Center

Morgan County, Kentucky

Dear Mr. Williams:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on November 30, 2007. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." The due date for your permit renewal application is June 10, 2007.

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Vickie L. Prather, Acting Supervisor Inventory and Data Management Section

KPDES Branch
Division of Water

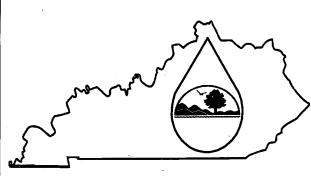
VLP:ASW:asw

Enclosures

C: Morehead Regional Office Division of Water Files



KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 2 1 2008

PERMIT APPLICATION

·				
This is an application to: (check one)	A complete application consists of this form and one of the			
Apply for a new permit.	following:			
Apply for reissuance of expiring permit.	Form A, Form B, Form C, Form F, or Short Form C			
Apply for a construction permit.	•			
Modify an existing permit.	For additional information contact: 420,00			
Give reason for modification under Item II.A.	KPDES Branch (502) 564-3410			
	AGENCY O 127 C/86			
I. FACILITY LOCATION AND CONTACT INFORMATION	USE 0033800			
A. Name of business, municipality, company, etc. requesting permit Woods bend Youth Development Center				
D. Pacility Name and Location	C. Facility Owner/Mailing Address			
B. Facility Name and Location				
Facility Location Name: Wayshend Youth Development Center Facility Location Address (i.e. street, road, etc.):	Department of Juvenile Justice Mailing Street: 1025 Capital Center Drive, Bldg. #3, Third Flour Mailing City, State, Zip Code:			
Facility Location Address (i.e. street, road, etc.):	Mailing Street:			
163 Woodsbind Boys Camp Road Facility Location City, State, Zip Code:	1025 Capital Center Drive, Bldg. #3, Third Floor			
· ·	Mailing City, State, Zip Code:			
West Liberty Ky 41472	Frankfort Ky 40601 Telephone Number: 502-573-3747			
	502 - 573 - 3747			
II. FACILITY DESCRIPTION				
A. Provide a brief description of activities, products, etc:				
Hb Juvenile Residents (Male) 7days aweek, 24 hours perday.				
Hb Juvenile Residents (Male) 7days aweek, 24 hours perday. 60 Staff Sleep, eat, work, studyalte.				
B. Standard Industrial Classification (SIC) Code and Description				
D: : I GTC C. I. C.	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Description: Juvenile Resident	ial Treatment Facility			
Other SIC Codes:				
III. FACILITY LOCATION				
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for	the site. (See instructions)			
D. C. at 1 C. West Interests In	City where facility is located (if applicable):			
Morgan	NA			
C. Body of water receiving discharge: Spring Branch				
D. Facility Site Latitude (degrees, minutes, seconds): 37 55 0	Facility Site Longitude (degrees, minutes, seconds):			
37 33 8	83 19 54			

IV. OWNER/OPERATOR INFORMATI	ION		· *	
A. Type of Ownership: Publicly Owned Privately Ownership		Both Public and Priva	ate Owned Federally owned	
B. Operator Contact Information (See instr		J Dourt done and 111va	ite owned reactaily owned	
Name of Treatment/Plant Operator:		Telephone Number:		
Austint Kemplin		606-143-31	77	
Operator Mailing Address (Street):				
315 ASA Kemplin KOAD				
Operator Mailing Address (City, State, Zip Code):				
	72	· · · · · · · · · · · · · · · · · · ·		
Is the operator also the owner?	•		yes, list certification class and number below.	
Yes No X		Yes No No		
Certification Class:		Certification Number: 15036		
Class I, Waste Water Treatment			0034	
V. EXISTING ENVIRONMENTAL PER	RMITS			
Current NPDES Number:	Issue Date of Current Pern	nit:	Expiration Date of Current Permit:	
KPDES#KY0033880	1) 11100		11/20/04	
Number of Times Permit Reissued:	Date of Original Permit Iss	/	Sludge Disposal Permit Number:	
number of Times Fernit Reissued.	Date of Original Fermit iss	suance.	Studge Disposar Fermit Number.	
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit	Number(s):		
		()		
C. Which of the following additional environments	onmental permit/registra	tion categories will also		
CATEGORY	EXISTING PER	MIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE	
Air Emission Source		·		
Solid or Special Waste				
Hazardous Waste - Registration or Permit				
VI. DISCHARGE MONITORING REP				
	ves to specifically identi		egular schedule (as defined by the KPDES ce or individual you designate as responsible	
A. Name of department, office or official st	ubmitting DMRs:			
B. Address where DMR forms are to be ser	nt. (Complete only if add	dress is different from r	nailing address in Section I.)	
DMR Mailing Name:	÷.			
DMR Mailing Street:	-			
DMR Mailing City, State, Zip Code:				
DMR Official Telephone Number:				

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

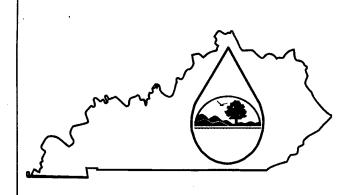
Facility Fee Category:	Filing Fee Enclosed:

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Henry A. Williams, Juvenile Facility Superintendent, II	606-743-3177
SIGNATURE	DATE:
1	
TO 1/1/10/ 3/50	5/22/07
THE ST.	

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 2 1 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact: KPDES Branch, (502) 564-3410.

I. PACILITY/DIS	CHARGE FI	REQUENCY			USE			
A. Do discharge(s) (Complete Item)			No 🗌					
B. How many days	per week?	7			·		·	
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 44 Juvenile Residents (Male) @ 150 gpd 60 Staff								
B. If new discharge	er, indicate ant	icipated disch	arge date:					
C. Indicate the desi	gn capacity of	f the treatment	system:	0.	OIO MGD			
III. Outfall Locat	ion (see instr	uctions)						
Outfall (list)	Degrees	LATITUDE Minutes	Seconds	Degrees	LONGITUDE Minutes	Seconds	RECEIVING W	ATER (name)
	37	55	00	83	19	•	Spring Bar	
,				·				
							-	
Method used to ob (i.e. GPS unit, USC			nates, etc.)		·			

OUTFALL NO.	OPERATION(S) CONTRIBUT	ING FLOW	TREATME	NT , TV
(list)	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Juvenile Residential Facility	10,000 gpd	10,000 godpackage treatme	nt 1-L, 2-F,
			plant w/80,000 gatpolish	ng 3-A, 3-J,
			lagoon with supplement	al 3-L, 5-A,
			geration/chlorine	5-H
			Contact & post a exation	
			tank, dry beds	
			, ,	
				·
	contact cooling water ter used at facility (except for human co	Other (list)		□ No
VII. Discharge t	o other than surface waters. Check app	ropriate location:		
Publ	icly-owned lake or impoundment	Name of lake:		
Publ	icly-owned treatment works (POTW).	Name of POTW:		
☐ Land	l application of Effluent			
☐ Surf	ace injection (Check term and identify on	map) 🗌 lateral field	d; 🗌 sinkhole; 🔲 sinking stream	; deep well
☐ Clos	ed Circuit (Check appropriate term)	Holding tank; M	echanical evaporation; Waste	impoundment
VIII. Check the	metals present in the discharge if applic	able and indicate t	he quantity discharged per year	. (Indicate units).
An	timony	Copper	Silver	<u> </u>
=	senic	Lead	Thalliu	ım
	ryllium	Mercury Nickel	Zinc	
	romium	Nickei Selenium		

for each bypass.)	, mornation below must be completed	
(If bypass points are indicated, information below must be for each bypass.)		
Wet Weather	Dry Weather	
per year	per yea	
hours	hours	
1,000 gallons	1,000 gallor	
m on overflow point the information	tion below white a small to 1 N	
Wet Weather	Dry Weather	
per year	per year	
hours	hours	
1,000 gallons	1,000 gallons	
		
(1,000 gallons)		
(days)		
ACTUAL	POPULATION SERVED	
į.	43	
	60	
	hours 1,000 gallons m an overflow point, the informa Wet Weather per year hours 1,000 gallons (1,000 gallons) (days)	

103

TOTAL POPULATION SERVED

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

Additive	Composition	Concentration (mg/l)

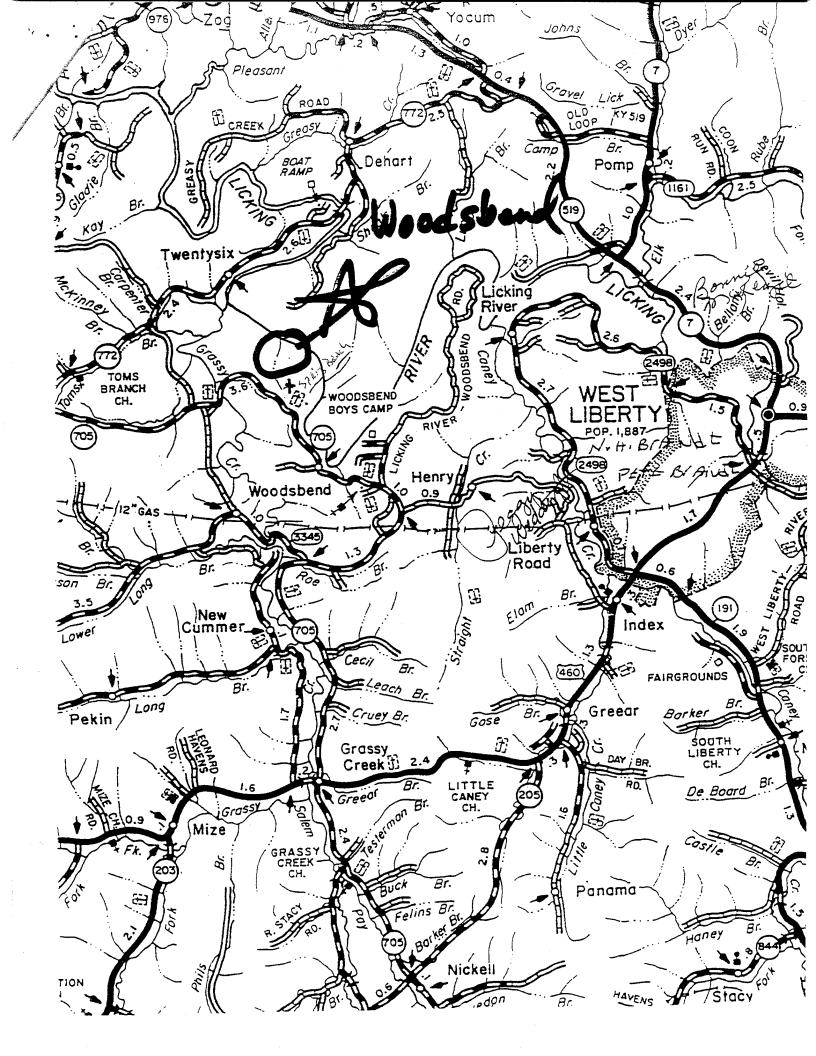
XIL EFFLUENT CHARACTERISTICS						
A. Indicate results of analysis for pollutants listed below.						
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES			
BOD₅						
TOTAL SUSPENDED SOLIDS						
FECAL COLIFORM			•			
TOTAL RESIDUAL CHLORINE						
OIL AND GREASE						
CHEMICAL OXYGEN DEMAND						
TOTAL ORGANIC CARBON						
AMMONIA						
DISCHARGE FLOW						
РН						
TEMPERATURE (WINTER)						
TEMPERATURE (SUMMER)						

B. Frequency and duration of flow:		

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Henry A. Williams Juvenile Facility Sugar interdentit	666-743-3177
SIGNATURE	DATE
Howard Jrs4	5/22/07



MMONWEALTH OF KENTUCKY REVENUE CABINET

FRANKFORT 40620

May 14, 2003

RECEIVED

2003 JUN -6 PM 2: 03

JUVENILE JUSTICE

DEPT OF JUVENILE JUSTICE ATTN: STEPHANIE CRAYCAFT 1025 CAPITAL CTR DRIVE 3RD FL FRANKFORT KY 40601 LOCATION ADDRESS:

1025 CAPITAL CENTER DRIVE FRANKFORT KY 40601

PURCHASE EXEMPTION NUMBER: ST037219

EFFECTIVE DATE: 02/14/1997

SUBJECT: STATE OF KENTUCKY EXEMPTION FROM KENTUCKY SALES AND USE TAX

Based on information submitted in your Application for Purchase Exemption -- Sales and Use Tax, you are hereby authorized to purchase tangible personal property, or services, including utilities, without paying or reimbursing the vendor for the sales or use tax with respect to such purchases. A copy of this letter should be presented to the vendor to be retained as authorization to make such exempt sales.

Every vendor making such sales must require an official or an employee exercising comparable authority within the state government agency listed above to sign and acknowledge in writing on a copy of the invoice that the sale and delivery of the property was actually made to a unit of the state government. The invoice shall be retained by the vendor as documentary evidence in support of the deduction of the sale from gross receipts on the vendor's sales and use tax return. For proper reporting, the vendor must deduct receipts from these exempt sales on Line 6 of the sales and use tax return.

If any of the property or service is not used for an exempt purpose, the purchaser will be required to pay any tax due on purchases made tax-free under this exemption.

Any official or employee of a unit of federal, state, or local government who uses their position to make taxfree purchases for their own personal use, or for that of any other person, will be subject to the penalties provided in KRS 139.990 and other applicable laws.

In the event there is a change in your name, address, or operations from the information submitted in your application, you must notify the Revenue Cabinet in writing of the change immediately.

For additional information, please write: Revenue Cabinet, Sales and Use Tax Section, Station 53, PO Box 181, Frankfort, KY 40602-0181. Phone 502-564-5170.

Kevin West, Supervisor Sales and Use Tax Branch

Division of Compliance and Taxpayer Assistance

DEPT OF JUVENILE JUSTICE
WOODSBEND YOUTH DEVELOPMENT CENTER
163 WOODSBEND BOYS' CAMP ROAD
WEST LIBERTY KY 41472